



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 26 PM 2:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

s&s the complete contractor llc

2. The complete street and mailing addresses of the initial designated/principal office:

11116 mission pointe dr nampa id 83651

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

jeffrey l sanderson

(Name)

11116 mission pointe dr nampa id 83651

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

jeffrey l sanderson

11116 mission pointe dr nampa id 83651

alan stoneman

po box42 murphy id 83650

5. Mailing address for future correspondence (annual report notices):

11116 mission pointe dr nampa id 83651

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

jeffrey l sanderson

Signature

Typed Name:

Secretary of State use only

g:\comp\forms\llc forms\cert_org_4c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
08/26/2008 05:00
CK: 146416 CT: 172099 BH: 1133225
1 @ 100.00 = 100.00 ORGAN LLC # 2

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